



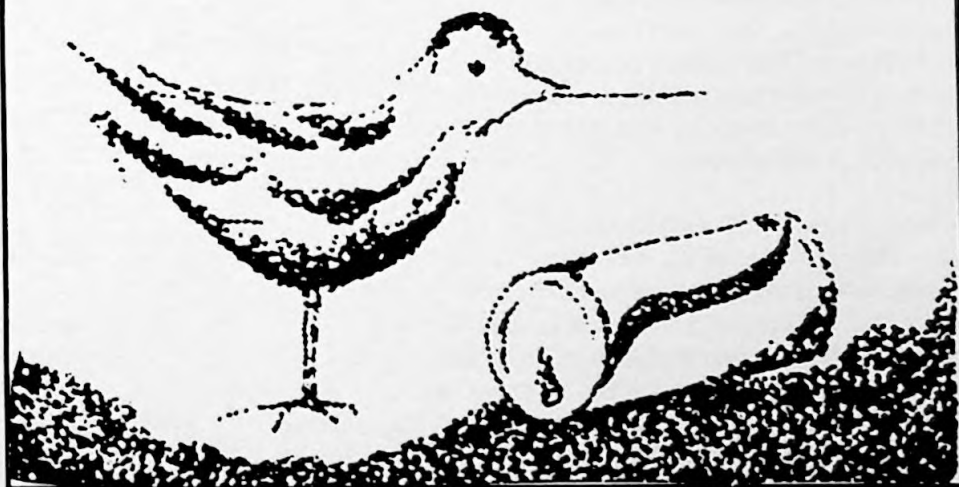
• Provincial and National AGMs

THE ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION

# QUARTERLY

- A Healthier Quarterly!
- Healthy Environments for Canadians, Part 2
- Pesticides Are Poison
- The Canary
- Walking the Tightrope with Environmental Hypersensitivities
- Environmental Clean-up

*have you renewed your membership?  
details inside!*



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## news from the ontario branches

A winner is someone who sets goals, commits to those goals and then pursues those goals with all of one's ability. In Ontario we have many winners. Some were highlighted in the Winter 1990 issue of *The Quarterly*. And more of our winners are ...

- Jim McCulloch, the newly elected Ottawa Branch Rep to the Board of Directors. Glad to have your legal expertise!
- Eleanor Johnston, the newly elected Toronto Branch Rep to the Board of Directors. Welcome aboard!
- all branches who are hosting such interesting meetings,

whose topics include, "Balcony and Backyard Gardening", "Humour Helps", etc. Keep up the good work!

- Joyce Schneider, in Toronto, for her enthusiasm and hard work in the planning of an Enviro-Health-a-Thon, scheduled for April 30 - May 18, 1990. Best wishes for success!
- Joanna Anderson for her involvement in the upcoming National Volunteer Week, April 22-28, 1990.
- the people in the Welland area for initial plans to start up a new branch. You have our support!

*Darlene Koski, Provincial Services Co-ordinator*

## notes from the editor

Welcome to the new and improved issue of *The AEHA Quarterly*! With the launching of this format, I would like to specifically invite each one of you to consider this news magazine as your networking line to all of our other members. Share your stories and coping skills with others: remember how much of a difference they may make to another reader. Please submit your contributions to *The Quarterly*, 10 George Street, N, Cambridge Ontario, N1S 2M7.

This *Quarterly* features useful articles on coping with environmental hypersensitivities both internally and externally. Our next issue will feature "Summer Living". I look forward to hearing from you, the members, on that subject, before May 15th. Part Three of Bruce Small's popular piece on "Healthy Environments for Canadians" will be continued in an upcoming issue.

I hope you enjoy your *Quarterly*. Keep in touch!  
*Kathy Sage Hayes, AEHA Editor*

## the allergy and environmental health association

### The AEHA Quarterly

*The AEHA Quarterly* is a publication of the Allergy and Environmental Health Association, a volunteer, non-profit, registered charity. *The Quarterly* is of interest to people who are concerned about their health and how their health is affected by the environment. Articles in *The Quarterly* deal with a variety of issues, ranging from environmental medicine to gardening concerns for the environmentally aware. Also every issue attempts to share with the reader how people have improved their health by changes in habits, diets and environment. *The Quarterly* does not offer medical advice and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

### The Allergy and Environmental Health Association

The objectives of the Association are many, however a major focus is the promotion of the exchange of information on the prevention and treatment of environmental hypersensitivities. People who are environmentally hypersensitive are no longer able to adapt well to common and increasing exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, in water, or in their home and/or workplace environments.

Natural inhalants such as pollens, dust and molds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as "allergy" but the many synthetic chemicals that are now common around us can also cause symptoms and overexposure to them can trigger environmental hypersensitivities even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life, and career. The Thompson Committee Report defined environmental hypersensitivity in 1985 as "a chronic multisystem disorder involving symptoms in one or more systems of the body."

On a local basis, AEHA branches work toward finding sources of chemically less-contaminated food, water, clothing, and household furnishings, as well as providing referral to counselling on changes of lifestyle that may alleviate symptoms. The AEHA and its branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

Product information mentioned in *The Quarterly*, should be evaluated for personal compatibility, since individual sensitivities vary widely. Mention of a product does not imply that AEHA endorses that product or service.

## The QUARTERLY

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## AEHA national president's message

We are saddened by yet another death from an anaphylactic reaction. I would like to extend our condolences to the parents of Robin Allen, aged 15, who died on March 5th, 1990. This tragedy underscores once more the need to extend ingredient legislation.

Within our client group, volunteers find it difficult to work consistently due to their condition of environmental hypersensitivity. Deaths, suicides and other major setbacks have enormous psychological effects on a population which already feels victimized. Significant progress is being made, even if a visible pay-off is slow to materialize. Changing our name to better reflect our mission and the emergence of environmental concerns as the nation's primary focus has made our job easier.

Recognition is the critical factor and therefore we are concentrating on awareness issues. With this in mind it is important that we speak with one voice, and therefore I would like to emphasize the importance of proper conduct. The Association is a corporation, as the Oxford Dictionary defines as "a group of people (directors) authorized to act as an individual". Since a person (or corporation) can have only one voice, the directors elect one member of the Board (the President) to speak on behalf of the Board (and the Association). Other designated speakers may be appointed by the Board for specific purposes, such as government liaison. These people can represent the Association only when specifically authorized to do so. No other individual may make any representation on behalf of the Association.

A branch is an administrative and operational convenience for the benefit of local members and clients. Branches

are not legal bodies and therefore cannot represent the Association or the local members as if it were. Inevitably there are individuals who feel strongly that their views should take priority. As a branch operation, and then a branch network evolved, this may have been easier to accommodate; but as a unified provincial and national organization it is counter-productive to utilize scarce resources on individual demands. An organization can only exist in its own right if it is united and externally active. Please refer any concerns you have with the operation of the Association to your branch's Representative to the Board, or secondarily, another Board member.

The Association is being inundated with requests for information. An overwhelming amount of documentation is now available, but it is not easily accessed. It takes more than one full time researcher to obtain copies of and to catalogue research articles in each subject area, including health care, organics, medicine, science, construction, law and legislation. Securing funding is crucial to our ability to meet short term and critical for long term programs. If we do not secure significant funding in the next six months, we will be unable to maintain existing services. It is imperative that members contact the Board if they know of any way we can secure funding.

Despite the difficulties, I would still agree with other environmental organizations. 1989 was a pivotal year. Let's move forward together through 1990.

Ed Lowans,  
AEHA National President

## The Annual General Meeting of the Allergy and Environmental Health Association of Canada

The National body of The Allergy and Environmental Health Association will hold their Annual General Meeting on May 27th, 1990 at 11:00 a.m. at 10 George Street North, Cambridge, Ontario. This will be a business and planning meeting, and all AEHA members are welcome to attend. If you are not able to do so, you may send along a proxy to vote for you. To appoint a proxy, complete the two proxy forms below, giving one to your proxy to bring to the meeting, and sending a copy to the Cambridge office.

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The undersigned, \_\_\_\_\_, a member in good standing with the Allergy and Environmental Health Association, hereby appoints \_\_\_\_\_ as proxy with power of substitution, to attend and vote for me at the Annual General Meeting on April 21st, 1990, or any adjournment thereof. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1990.

---

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# highlights from the Ontario office

## A Healthier *Quarterly*

As you can see, *The AEHA Quarterly* has a brand new appearance! We are pleased to be able to provide our members with a *Quarterly* printed on recycled paper with soy-based ink. Because we are still experimenting, we have kept the size of this issue down. Now we need to hear from you. Does this material make enough of a difference to you to justify the higher cost? Does the new material allow you to read *The Quarterly* when it arrives at your home?

We are working hard to produce a good, useful newsmagazine for you. Please let us know how we're doing. This *really is* your newsmagazine. Send us your input! Articles, news items, letters to the editor, comments and criticisms are all welcome. Don't forget to comment on the new *Quarterly* materials! Let's build this publication together, so that it serves our membership well. Thank-you.

## Summer Living

The next *Quarterly* will be coming out at the end of June. Our theme will be "Summer Living". Do you have stories, tips, or concerns that we could share with our membership? What do you do to prepare for the summer? What's the best part of summer for you? What's the worse? Why not trade your expertise and submit something to *The Quarterly*? We need to hear from you by May 15th, 1990.

## Keep Us Informed!

By keeping us informed, we can keep you informed. Please contact us to renew your membership, report address changes, enroll new members, or report a missing *Quarterly*. Call or write to us at the office.

## Branching Out '90

All volunteers from the branches are invited to come to the AEHAO office on April 21st, 1990 at 9:30 a.m. for Branching Out '90. We plan to share our experiences, communicate our ideas and generate enough enthusiasm to carry us on into the year! Share in the fun. We will pass the morning in the office, brown-bag-it for lunch, and then cross the road together to attend the 1990 Annual General Meeting. Everyone interested in working together in a branch, and especially our Branch Reps and Executives, are invited to attend. See you there!

## AEHA Branch Manual

The Allergy and Environmental Health Association's Branch Manual is being reviewed by the Branch Reps and should be ready for distribution at the 1990 Annual General Meeting. The Manual includes material on the background of the Association, how to start up a new branch, the responsibilities of having an AEHA branch, how to run a good meeting, a list of suggested activities, important financial guidelines and other useful information.

We are ready, willing and able to give assistance to new branches. It only takes five people to start a branch. Might you be one of those five? Call us for details!

## Pen-Pals

Just a reminder that we have started to develop a pen-pal network. Please write to the Cambridge office and indicate your willingness to have your name and address put on to a pen-pal list. Also, we are still looking for a volunteer to co-ordinate the pen-pal network.

## Keep Your Doctor Informed

The Canadian Society for Environmental Medicine has requested that we ask the members to submit, in confidence, the names of physicians who have been helpful and understanding of problems related to environmental hypersensitivity. The physicians in the Society would like to know about these doctors so that a letter of introduction and/or some support material may be sent to them. If you would like to submit a doctor's name, please send us the information and we will forward it to the Society. Naturally, the AEHA will respect the confidentiality of these submissions, and we will continue to refer clients only to the list provided to us by the Society.

## Material Available

The AEHAO has a brochure series called Working Together For a Healthier Environment. Brochures currently available are *Molds and Fungi* and *Parents and Teacher*. We also have a general brochure on the work of the Association. Both your local branch and the AEHAO office have copies of these brochures.

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Please direct information or supply requests to: The Allergy and Environmental Health Association of Ontario, 10 George St., N. Cambridge, Ont. N1S 2M7.

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# crosstalk

Dear Neighbours,

This Winter 1990 issue is excellent. Very informative, hopeful. So glad to see you are ahead of us in e.i. research. At last, someone is doing something.

Can I, as an American write to your governmental representatives meaningfully? Do they care about our concerns? I have limited energy and don't want to waste it ineffectively.

The housing program is a blessing. Our biggest concern. We have built a "clean" house. What do you want to know?

Bea Roth

*Editor's Note: Thank you for the encouragement! I'm sure that Canadian politicians would find it interesting to hear from an American point of view on the issues that concern us, especially if it is praise for taking an positive initiative. Write to: The Hon. Elinor Caplan, Minister of Health, Queen's Park, Toronto, Ontario M7A 1A2. A copy could also be sent to Dr. Anna Rose Spina, 15 Overlea Blvd., 7th Floor, Toronto, Ontario M4H 1A9. Also, to provide details on your "clean" house, please write to: Dr. Virginia Salares, R.R.#2, Kinburn, Ontario K0A 2H0.*

Dear Editor,

In the summer '89 Crosstalk you printed my hints on how to make a refillable mask out of two standard 3M "Nuisance odour" masks by putting Permasorb and activated charcoal between them and sewing them together. Since then twelve people have taken me up on my offer to send them one ready-made, one of these being a repeat who wrote "it works so well that I want to other another for a friend."

In case others are interested, please note the following two changes: my new address is 1 - 2421 Yew Street,

Vancouver B.C.. V6K 3H3; and my minimum order is now 5 masks (at \$20 each). With this I include two refills for each mask, and letters of instructions for most effective use. I apologize to anyone whom this minimum inconveniences, but the set-up and mailing time for single orders, even at my previous price of \$28, was just not possible.

For full instructions to make your own, see the summer 89 issue of *The Quarterly*.

Steve Rowat

Dear Editor,

Congratulations on another excellent edition.

Here is a product note. I have finally found a bar soap that genuinely doesn't smell (at least not to me). All previous soaps had an unpleasant rancid smell, even if they didn't contain perfume. This soap is made by the firm called Canada's All Natural Soap, Inc., Unit #22, 400 Finchdene Square, Scarborough, Ontario M1X 1E2, (416) 292-2061. There are eight different types - cucumber, camomile, etc. The firm's brochure says there is no animal testing and the soap is biodegradable.

A good informational book on lead is called "Getting the Lead Out", published by E.C.W. Press in Toronto. The Toronto Public Library has several copies. From it I learned that lead in paint was not removed in Canada until 1977! And we have such faith in the government.

Are there any other AEHA members in the Montreal area? If so, they could reach me [through the pen-pal network at the Cambridge office].

Keep up the good work!

Jean Wright



## book review

### Nutrition and Your Mind

by Dr. George Watson  
Bantam, 1972.

During a recent visit to the Bedford Library, a worn paperback titled "Nutrition and Your Mind" caught my eye. The author, Dr. George Watson, wrote this book to inform people about his research. He concludes that there is a psychochemical basis for mental illness. Many of us who have allergies or environmental sensitivities have experienced "mental" symptoms but we have difficulty convincing others that these symptoms have a physical cause. I remember my own tremendous relief when my first session of patch tests showed so many positive results. Those red patches on my back were the proof that I wasn't crazy. Dr. Watson's theory is that the brain malfunctions due to some physical cause and the patient exhibits symptoms. Since the brain controls behavior and thought processes, it seems logical that they will be affected by interference with normal function. During his years of research (1950 to 1970), Dr. Watson observes a full spectrum of symptoms. His patients are shy, tired, depressed, catatonic, or claustrophobic, and some have un-characteristic violent episodes which they don't remember. Usually the symptoms begin after a change in housing, lifestyle, diet, or after taking a prescription. The symptoms disappear when their cause is stopped. The causes include toxic pesticides, allergies, yeast syndrome, poor nutrition from dieting or starvation, sleep deprivation, and stress from illness.

Most of his patients do not seem to metabolize food normally. Their brains malfunction because of a lack of nutritional energy. He treats these patients with a combination of minerals and vitamins and diet according to their type. There are two main types which he calls fast and slow oxidizers. He includes a questionnaire which determines if a person is a fast or slow oxidizer. He also explains about the diet and supplements.

This book is very readable because the case histories are like a series of short stories. The author writes for a lay reader and is quite blunt in his criticism of modern psychology and psychiatry. His research supports the opinion that doctors are using "mental illness" as an explanation for symptoms when they can't find the real cause. In the twenty years since Dr. Watson wrote this book, modern medicine has made little progress in treating mental illness. We as modern patients will have to continue to search for the real causes of our symptoms.

by Patricia Phelan

### The Canary

Born to fly  
freely, soaring in the open breezes  
with the light of the sun on its wings,  
gliding in the updrafts of warm air  
or sailing back to earth. In joy,  
the canary sings.

Imprisoned, caged,  
deep in the darkness of the mines,  
a sentinel of danger in the stifling air,  
drooping from the heat, feathers ruffled,  
choking on poisoned air. Miners warned,  
the canary dies.

Born to live  
freely, experiencing life's wholeness,  
my spirit, soaring in the majesty  
of mountains and skies, finds peace  
in Earth's beauty, God's presence. Rejoicing,  
my soul sings.

Sickened, hemmed in  
by walls invisible to unseeing eyes,  
a sentinel of danger in our polluted world,  
choking on the products of technology's  
good life. Take heed, be warned.  
I am a canary.

— Kathy Enders



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# HEALTHY ENVIRONMENTS FOR CANADIANS

## Making The Vision A Reality (Part Two)

by Bruce Small

### Finding Reliable Indicators

Canadian society is rich with indicators of environmental problems. We all know dozens of cases in which specific physical health, mental health, and social problems might be the result of unhealthy environments. Although our present state of knowledge makes it difficult to link cause with effect, the practical experience we have gained is enough to guide us in our quest to determine which environmental conditions can and should be changed. Up to now we have tended to concentrate exclusively on the indicator as a problem or disease in itself, rather than as a symptom of something else.

The best way to increase our understanding of the connections between environments and health - and thus to find reliable indicators - is to make *direct contact* with people who are experiencing ill health. In our zeal to obtain objective and measurable indicators, we have in the past frequently ignored subjective information, despite the fact that it can provide clues that are both useful and necessary to the process of detection. Once those clues have been processed and interpreted, there is an important role for scientifically-determined indicators. The process requires both.

If we rigorously investigate the possible connections between specific health problems and environmental factors through direct contact with individuals affected, we will obtain indicators that we can use with far greater confidence.

Listed below are some possible health indicators together with corresponding "suspect" environmental conditions, as suggested in the literature.

If we are to be able to signal potential problem levels, we need specific indicators for each type of environmental stressor. But it should be recognized that even when we have such indicators, they will do no more than alert us to the levels at which relatively large numbers of people may begin to be adversely affected; they will not help in the case of individuals who are particularly sensitive to a given stressor.

As far as indoor air pollution goes, residential exposure guidelines have already been developed and are currently being refined by a joint Federal/Provincial Advisory Committee on Environmental and Occupational Health. To some extent, these guidelines do take the needs of sensitive individuals into account. There are also guidelines from Environment Canada on outdoor pollutants, which provide some measure of problems of more sensitive individuals.

We also need to develop direct behaviour indicators that allow us to measure our progress in modifying attitudes and actions which devalue other people. We have not used a "sexism scale", for example, to chart our progress in valuing of women in Canada. Nor have we used a "racism scale" or and "anti-gay scale" to measure the degree of prejudice that is still directed against individuals who, among their diverse characteristics, have specific origins, a skin colour, a sexual orientation or a family lifestyle that others have judged as



undesirable, based on stereotypes.

In order to be able to measure the degree to which people are impaired due to environmental factors, we also need performance indicators, calibrated in clean, healthy environments. The more ubiquitous the chemical contamination, the less we can call on present baselines as representing "normal" performance.

### Charting The Numbers

Because the nature and extent of the resources we allocate to a problem generally depends on its magnitude, we obviously need to know how many people are adversely affected by specific environments. For example, we need to know the number of children whose health and learning are currently being impaired by indoor pollution in schools. We need to know the number of industrial workers whose well-being has already been eroded by industrial chemical exposures. We need to know the number of women who are battered, the number of children who are abused, the number of people who are discriminated against, and so on.

Each area of study suggested will require its own type of data. But before any attempt is made to draw up a list of "numbers needed", we must have basic, qualitative information about the problems, information that has been gathered and interpreted in the context of healthy environments. It is difficult to be more specific about data needs at the present time; environmental health problems have simply not been investigated well enough to allow for this. Once we have achieved a general awareness of environmental health problems, we can make direct contact with affected individuals. Even counting how many people respond to an invitation to come forward with information would be helpful in assisting the minimum order of magnitude of each problem. Hearing from those affected will help us to determine exactly what, or whom, we should be counting.

### Priority Issues For Research

In addition to the general research needs already described, the following specific research areas should be accorded high priority:

- a field of research should be established in which human beings are observed in alternative, cleaner, less stressful environments, and in which effective treatments are developed for people who are adversely affected by physical and social stressors;
- measurement devices and protocols should be developed for determining both obvious and subtle health and performance effects in individuals exposed to pollutants;
- practical ways should be developed to eliminate prejudice and discriminatory behaviour, at both the individual and the collective levels;
- work should continue on the development of physical

designs (for buildings, public spaces and so on) that accommodate a wider range of diversity;

- devices should be developed to enable individuals at home, at school and at work to monitor both environmental and health conditions;
- in both the home and the work environments, there should be further detailed investigation of newly-recognized health hazards, such as airborne mycotoxins from household mould growth, and mixes of volatile organic chemicals;
- the design of safer, less-polluting products of all kinds should be promoted, with priority being given to building materials and interior finishings (for example, paints and household heating devices);
- the effects on health of various social environments should be investigated in greater depth;
- practical ways should be found of addressing the prejudices and effects of victimization in individuals who have been undervalued, and of encouraging them to develop their powers and capabilities to the full;
- alternative income systems should be examined, as well as social structures, institutions and legislation that promote a society in which all people with minority characteristics are fully valued, and not merely tolerated; and
- alternative lifestyles or lifestyle factors that might contribute to better physical and mental health should be investigated.

*(This article will be continued in the next issue of The Quarterly.)*

BRUCE M. SMALL, P. ENG.

*is the founder and Director of Small and Associates of Goodwood, Ontario. He prepared this article in collaboration with his wife and colleague, Barbara J. Small, and Wendy Priesnitz of Wendy Priesnitz and Associates. Correspondence with the author may be directed to Sunnyhill Research Centre, RR #1, Goodwood, Ontario L0C 1A0, (416) 294-3531.*



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# WALKING THE TIGHTROPE WITH ENVIRONMENTAL HYPERSENSITIVITIES

By L.M. Marshall, M.D.

It sure is a tough balancing act to follow. Your doctor has informed you that you are sensitive to something(s) in your environment, and, in order to regain and then maintain your health, you will need to avoid exposure to this (these) substances(s). You feel you're being pushed out onto a tightrope.

Again! You've already been teetering along, trying to balance the demands for daily functioning with the increasing signals your body has been giving you to stop. You may have even fallen off the wire and have been completely unable to function. To be thrust out there again is scary, depressing, and extremely maddening, not to mention grossly unfair! However, you can choose to rest on the platform beside the tightrope for awhile, to allow your body's restorative capacities to come into play until you feel strong enough to get back on the wire.

But it's important not to wait too long, because body and mind will waste away, and it will require even more time and energy to regain function.

How do you balance on the health tightrope with the greatest margin of safety? Other wirewalkers might have the following suggestions:

## **1) Examine the problem of your ill health.**

a) List on paper (so it's not swimming around in your head) the environmental sensitivities already identified and those which may be problems.

b) List other stresses which may contribute to the total overall load on your body systems.

2) Look at options for solving the problem and write them down beside each identified sensitivity or stress already listed. Obtain information about possible options from: (a) your doctor; (b) books, journals/magazines, pamphlets or films; (c) other people with environmental sensitivities, accessed through the Allergy and Environmental Health Association of Canada and its various branches; (d) your family; (e) your friends; (f) your acquaintances in the community at large or in community groups to which you already belong (e.g. church, swim club, bridge club, etc.).

## **3) Discuss with your doctor which options are most likely**

to produce the swiftest, and most significant improvement.

4) **Decide which of these options are the quickest and easiest** for you to implement. Mastering these first helps develop confidence and strength to tackle the more difficult ones.

5) **Cross off the options you don't choose to pursue** and bracket those you may consider at some time in the future.

6) **Write target dates** (week/month/year) for the remaining options, taking into account which are the quickest and easiest to implement, and which will likely produce the most significant improvement. Also, take into account that you may need periodic returns to the rest platform.

7) **Enlist whatever supports/assistance you need to take action.** This may be easier said than done, as many health and social service providers do not have knowledge or understanding of environmental illness. However, politeness and persistence usually prevail. Health professionals with an interest in environmental medicine recognize this adds another burden to those already ill and struggling. The Thomson Committee of 1985 also recognized this. The Canadian Society for Environmental Medicine and the Allergy and Environmental Health Association of Canada, several government departments, and many others have been working to rectify this situation. Slowly, improvements are taking place. If you persist, you will have the double satisfaction of knowing you obtained the services you needed to regain your own health, plus you made someone else's load a lot lighter.

8) **Take action, at your own speed.** Each person is unique. Your doctor can only "guesstimate" how long it will take you to implement your chosen options, and how long before you will feel results. Let your body be your guide, for the most part. If symptoms suggest stop, then stop. Rest, but then resume. You may have to push yourself a bit, especially early on when you have a lot of symptoms. In general though, the time taken to reach your good health goal will be less if you don't add the stress of discomfort to your load.

9) **Expect setbacks, and so be less discouraged by them.** Often the provocative agent becomes easier to determine as

sensitivities are sorted out, and therefore easier to avoid. However, sometimes there doesn't appear to be any reason for the recurrence of symptoms, and this can be particularly frustrating. There may be a combination of several less factors, each of which, on its own, causes no problem. The setbacks will become less frequent and less severe.

**10) Take measures to deal with the distress** you are going to experience for a while, either due to symptoms provoked by incitants you have been unable to eliminate, or due to the effort and losses incurred in changing your living habits.

*a) Talk about how you feel only to sympathetic people.* Don't waste time and energy talking to those who are unsympathetic. They have their reasons; usually ignorance, or fear, or both.

Seek out people with some knowledge of the problem (either fellow sufferers or health and social service providers). If you can't find anyone nearby, ask The Allergy and Environmental Health Association to help you find a penpal. Even with no knowledge of environmental illness, open-minded people who are not threatened by your illness, often make wonderful listeners.

Family members may have a particularly difficult time accepting your diagnosis and restriction because of the impact on them. They are often afraid they won't be able to cope, just as you are. They will gain confidence and become more sympathetic with time and education. As your doctor to invite your family members for a session to explain the present state of knowledge of your illness and to answer their questions and concerns.

*b) Write out your feelings and symptoms in a journal.* It will provide an outlet, and be a source of encouragement in the months ahead when you look back and see the progress you have made.

*c) Cry if you feel like it.* Loss of health is one of the most devastating losses we humans can experience, and we need to go through a period of mourning. Crying can be an effective release.

*d) Laugh as much as you can.* Look for the humour in situations with yourself, your family, and friends. Seek it out in books, on radio, TV, and in the movies. Laughter is the best medicine. The physical act of laughing is now known to stimulate the production of endorphins in our central nervous system, which produce a sensation of pleasure and well-being.

*e) Exercise as much as you can,* as exercise also stimulates endorphin production. Start slowly and build up. If you can't do sports you previously enjoyed because of your sensitivi-

ties, develop new ones, for now. Sooner or later, you will probably be able to return to your previous loves.

Sometimes adaptations can be made to your previously enjoyed activities so they can be tolerated. For example, try going to the least attended aerobics class and asking the teacher to enlist the attendees' co-operation about not wearing perfume - if that fails, try doing aerobics in the oasis of your own home to your favourite music. Try walking in the woods or park instead of one the street to avoid auto exhaust fumes. (Not a good idea in tree pollen season, if you are allergic to it, but you get my drift).

*f) Pamper yourself like the best mother imaginable would do.* Treat yourself within the limitations imposed by the illness, to your favourite food, drink, and activities. Luxuriate in long, hot baths. Try massage. Wear your favourite colours. Rearrange your furniture, and so on. Only you know what feels good to you!

*g) Avoid isolation like the plague.* In my opinion, it is one of the worst contributors to ongoing environmental illness. Maintaining contact with relatively health people who successfully live and work in our polluted world helps you retain perspective, hope and a focus on health rather than solely on your illness.

If you are invited out, go, even if it means taking your mask, air cleaner, oxygen, food, water, or whatever. Tell the hostess you are delighted to invited *for the company*. Make as little fuss as possible. If people inquire about your condition, educate them *briefly*, but try to shift the focus back to other topics. You need it, and they won't get bored.

To go on outings is to risk reactions, especially early in the management of an environmental illness when tenuous adaptations are removed along with some incitants. However, it may be worth the risk to avoid isolation. If reactions are too severe, try bringing people to your place, warning them about no smoking, perfumes, etc.

*h) Take a mental holiday.* It is normal to want to get away from the tightrope. Pick a place you've been where you felt great, or a place you've always wanted to go. Close your eyes and pretend you're there. If you have trouble getting there, try a relaxation tape to get you in the mood. See the whole scene in detail, listen to the sounds, smell the good smells, and feel the textures. Stay as long as you want. When you want to return, open your eyes. You will feel refreshed.

To successfully walk the tightrope with environmental sensitivities, one must weight the merits of avoidance of incitants with potential distress provoked by the resultant lifestyle changes. If you go slowly, take one step at a time, calculating the risks, and using safety nets such as I've suggested, *you will balance*. Before you know it, you will be well, "Twinkletoes"!

# PESTICIDES ARE POISON

by Dr. June Irwin

*Dr. Irwin will be speaking at the 1990 Annual General Meeting of the AEHAO. What follows are excerpts from a speech she gave recently to the Montreal Council of Women.*

**Madame Chairman, Members of the Montreal Council of Women:**

Why are we allowing individuals to make choices that affect all of us?

The spraying and spreading of chemicals on lawns, trees, and houses, in residential areas, as well as a medical danger, can be considered an infringement on the rights of all citizens to breathe clean air and to remain healthy.

It must not be forgotten that the Charter of Rights and Freedoms guarantees citizens the right to life, liberty, and security of person.

Why should you, or your child, or your grandchild, or your neighbour's child, be running to the emergency center in the spring, summer, and autumn - with diarrhea, with stomach cramps, with unexplained rashes, with fever, or with bronchitis - and maybe no one told you it might be due to the chemicals on the grass or the trees?

And why should your dog or you be vomiting because, instead of taking a broom, you ordered your house chemically sprayed to kill the spiders - and nobody told you ahead of time that the killing sprays for the spiders could make you sick?

If we spray to poison the nervous system of the spider - if a spider cannot live in our home what happens to our own nervous system?

The Center for Science in the Public Interest (The Nation's Health, April, 1987) has asserted that most health effects caused by pesticides are effects on the nervous systems.

Pesticides - herbicides, insecticides, fungicides, rodenticides - contain solvents. And the fertilizer sprays contain solvents.

Much publicity has been given recently to the extensive investigation into athletes' use of anabolic steroids, and other drugs, their health effects, and improvements of detection procedures in the blood and urine.

If we discovered our children were being given over-the-counter, prescription, or illegal drugs, we would be alarmed.

But there is continual and persistent spraying of pesticides and chemicals into the air our children breathe, includ-

ing the hormone type weed-killer 2, 4-D.

There is no protection for the children as they stand at bus stops, while tanker trucks are spraying. There is no prevention of absorption as they play on treated grass.

In September 1986, U.S. television reports expressed concerns about the children of migrant workers helping their parents to pick crops in the northern states of the U.S.A., because their little hands and bodies were being exposed to pesticide residues.

We have laboratories and money for the detection of drugs in athletes. To my knowledge there are no laboratories nor judicial bodies set up to examine the levels of these pesticides (insecticides and herbicides) in our children, their health effects, nor to offer the appropriate preventive or health care information - for our athletes of tomorrow.

According to Dr. John Laseter, an international expert in the field of trace biological chemistry, speaking in Ottawa, April 3/4, 1987, at a Medical Symposium on the effects of the Environment in Health and Disease, very few of these chemicals have been tested for human toxicity, and those that have been tested, have been tested superficially. "With the dumping of chemicals on the environment of communities, we are carrying out world wide human experiments of these chemicals on human health every day."

Dr. Laseter has done correlations of chemical contaminants in water, with blood analyses of these contaminants in sick people. Polluting compounds in drinking water have been shown to cause health problems, including arthritis, and vascular spasms, and this has only cleared when their drinking water has been substituted for a cleaner water.

It is well known that the toxic effects of some exposures may manifest only 10-30 years later.

A CBS news report February 13, 1987, stated there was a possible relation between an incurable neurological disease, amyotrophic lateral sclerosis (Lou Gehrig's disease) and a commonly used fertilizer.

Three members of the same football team developed this rare fatal disease. The fertilizer used on the team's practice field several years earlier could be the common link.

Time magazine February 23, 1987, reported that two people who had worked in the plant where this fertilizer is produced, had died of the same Lou Gehrig's disease.

The Gazette, January 21, 1989, reports on soil and water chemistry as a possible cause of multiple sclerosis. In Saskatchewan where this disease of the nervous system has one of the highest rates in the world, multiple sclerosis has been linked to significantly different levels of chemicals in the soil.

ABC television December 1, 1988, reported that three time world heavyweight boxing champion Muhammed Ali, a leader of his black people in the battle for civil rights, developed slurred speech, lethargy, and lack of coordination.

Doctors had speculated the illness was due to the multiple blows to his head during his career, or the degenerative effects of Parkinson's disease.

Powerful domestic pesticides have been found in Muhammed Ali's blood at nearly 50 times the expected average levels of toxicities. Preparing for fights in log cabin training camps, his doctor believes pesticides used to protect the raw wood in those cabins was absorbed into Ali's body.

Muhammed Ali's story is only one of the many like it, which happens to be public because of his notoriety.

Millions of American homes have been treated with the pesticide chlordane. Its effects on humans when absorbed in enough quantities has been linked to the symptoms displayed by Muhammed Ali, as well as excess risk of cancer, liver and kidney problems.

Muhammed Ali's condition was thought to be permanent but he has received special plasma cleaning treatment to remove toxic elements and has shown 40 to 50% improvement.

Some Canadian citizens have their blood analyzed in U.S. laboratories for toxic chemicals and pesticides.

Some people with chronic fatigue and no explanation for their illnesses, have blood levels of toxic chemicals; the questions which need to be answered are; what levels of the various pollutants can a person walk around with, in his blood or tissues, before becoming sick? How long can a person walk around with low levels of toxic chemicals before showing symptoms of serious trouble?

Psychologists might decide some illnesses are a fiction of the imagination, when such toxicity can only be detected by special blood or tissue tests, in the appropriate laboratories.

When is this chemical warfare in our neighborhoods - this spraying of lawns, trees, and homes - going to stop?

Either by error, by accident, or with premeditation, an individual can, with these chemicals, control the health of a neighbour, of a community - and the future of our children.



# ENVIRONMENTAL CLEAN-UP

## An Interview with Geraldine Neary Downes, R.N.

*The following article has been reprinted with permission from Mastering Food Allergies, February 1990 issue. Geraldine Neary Downes, R.N. has been involved in clinical ecology for more than 20 years. She became an expert in the techniques of environmental control in the course of fighting her own health battles. A member of Mensa and associate member of American Academy of Environmental Medicine, her private practice now takes the form of "house calls" and counselling. She also lectures for groups and universities. We urge members to check with their own health practitioner before undertaking the suggested clean-up procedures.*

**Why should a topic such as "Environmental Clean-up" be of interest to people who just have food allergies?**

**GD:** People who have food allergies have a compromised immune system. But they may not have recognized the other manifestations of that dysfunction - their probable inhalant and chemical sensitivities. Further, they may not be able to distinguish the inhalant and chemical symptoms from those triggered by foods. One reason they may be unaware of the full extent of their problems is they're functioning in a maladaptive state.

*But another more important reason to pay attention to their environment is prevention.* When their already compromised immune system is challenged somewhere down the road - say with pesticides being applied next door, having emergency surgery, encountering great emotional upheaval and stress - if they've chosen to follow environmental guidelines preventively they will weather the storm much better.

To understand the ecologic approach you must grasp that food allergies are only the tip of the iceberg. They don't exist in a vacuum. Everyone of us, upon being properly tested, learns that we react to certain environmental insults - especially dust mites, airborne molds and chemicals.

It's important to recognize home pollution as a related cause of a dysfunctional immune system. Keeping this in mind, the measures I'm going to suggest will make sense.

**Please describe a typical environmental "house call". Is it an inspection?**

**GD:** Yes. I start by looking at the outside. I orient myself by finding the north side. That's usually easy because it's where I find the mold and moisture. Sometimes I even find mold in the wall insulation. So clearly, the north side contributes significantly to the total pollution of a home, and correcting problems here contributes greatly to the solution.

Very few people know how to take care of the north side of their home: there should be no shrubbery close to the

house, no wood stacked, no equipment, cartons or vehicles stored there. Keep it as light as possible, with freely circulating air. Awnings, if present, can come down. An overhang is usually not necessary on the north side, but if one is present just keep the space under it as open as possible. This is not the spot for a shade tree or privacy bushes. If the garage is on the north side the same things apply. Some people put an extra window in the north wall of their house or garage to let in more light and air.

I study the topography of the land - is the house in a valley? On top of a hill? How close are the shrubbery and trees? Or the neighbors' shrubs and trees?

I try to notice any neighborhood sources of pollution - is the house downwind from a factory? or a chemical-spraying golf course? I ask if the neighbors use a lawn service that sprays. (This focus on neighbors assumes that the allergic family has discarded its own sprays and other chemicals.)

I walk around the house making observations. I notice if the chimney has a cap on it, to prevent back drafts of combustion products from the furnace or fireplace. If it's not properly capped the gases can whip right around and pollute the house, contributing to the contamination load.

Drainage conditions close to the house are often a problem, which may manifest as a damp basement. Correcting outside drainage to take water away from the house can save a lot of time, energy and money when trying to get the basement drier. I've seen it make a significant reduction in the level of molds in the home - with simultaneous (usually quick) improvement in the health of some clients.

**What about apartment buildings with no yard, weeds, bushes or trees? Are they better?**

**GD:** No. They just have different problems. The two biggest problems are pesticides and leaking gas. In eleven years I've only seen one apartment house that didn't have leaking gas, and it was a newly renovated one in Manhattan. Never cap a gas line in the kitchen. Have it done professionally in the basement of the building. You may still get seepage of gas from your neighbors - right through the walls. But if you air the place daily and use two or more good air purifiers you may reduce your exposure. Pesticides in apartments are a given - fact of life.

**What do you check next?**

**GD:** Now I'm ready to go inside. I ask the person "Where do you spend most of your waking hours?" We know we have to focus on the sleeping area, but most people can identify another place where they spend a lot of time. If the patient is



a woman, the activity area may be the kitchen.

Those two places are the most important areas to the individual. We can almost always take measures to immediately reduce the air pollution in them - with obvious, prompt improvement in health.

**What do you look for? And what do you suggest the person do about the problems you find?**

**GD:** One of the first things I find in almost every home is plants. They need to be watered and kept moist, so they harbor huge amounts of mold. Ideally, the house should be stripped of all plants.

If the person isn't willing to give them up, that's their decision. But they must at least eliminate them from their bedroom, bathroom and whichever area they designate as their work place.

Obvious sources of dust and dust mites - as well as probable molds and chemicals - include the soft things in the house: the carpet or rugs, drapes and overstuffed furniture. The idea is to remove those offenders and create an oasis where the immune system can recover from the environmental insults it receives in our polluted world.

May I digress for a moment? We need to consider the emotional aspect of having someone come into your home saying, "Throw this out", "Get rid of that", etc, etc. We all get attached to our Things, and it can be quite wrenching to have to part with our Treasured Possessions. People simply don't want their nest disturbed! In fact, we tend to perceive such an intrusion as an attack, and in the beginning most people find it unsettling, if not threatening.

So if they can't bring themselves to part of all of their favorite things at once, I tell them to focus on their bedroom and work place first. After they note about a 40-60% improvement in their health they are much more open to the remaining aspects of the clean-up.

**Talk to us about the bedroom. What should we do differently?**

**GD:** First, bare floors. If you like, use a couple of small cotton rugs that you can wash every week. Bed linens: the best ones are 100% cotton that haven't been chemically treated (no permanent press) and cotton or wool blankets. Avoid electric blankets. And as lovely as down comforters are, I don't know anyone with allergies who has good luck with them.

I feel having an all-cotton pillow is a real priority. You lay with your face nestled right in it for 1/3 of your life! It needs to be aired every day - in nice weather, air it outside in direct sunshine.

Sometimes I've found cotton bedspreads, quilts, mattress pads - maybe even sheets - at garage sales, rummage sales and places like that. Generally speaking, if department stores carry all-cotton linens at all, they're usually treated. But catalogs abound that offer untreated cotton linens. They

also sell barrier cloth by the yard or as a pillow cases. This is an especially tightly woven cotton fabric that doesn't allow the inhalants allergens to pass through it.

If the box springs and mattress are very old they're full of dust, dust mites, airborne molds and body molds. Even if you want to replace them, never buy a new mattress when you're really ill. It will outgas formaldehyde, flame retardate, scotch guard and who knows what else? Better to buy or borrow a used (outgassed) mattress with over-lapping strips of heavy duty aluminum foil, then cover that with about four old cotton quilts or mattress pads before the sheets go on.

Upon rising throw the bed covers back and allow the bed to air (and dry) for a few hours instead of making it right away. This is the time to air pillows in the sun. Air the blankets often, too. And if you can't get them out, or it rains for several days, toss your pillow and blankets in an electric dryer to air.

Wash the cotton blankets and mattress pads frequently. Once people start living this way they get a sense of how often they need to wash everything. But I'm guessing anywhere from weekly to monthly.

For an oasis to have a marked beneficial effect a rigorous schedule of cleaning is a "must". (Probably the best vacuum cleaner for people with allergies is one that sucks dirt into a water tank.) Wipe floors and furniture with a damp cloth - then toss the cloth in the wash. Forget feather dusters and other equipment that rearranges the dust.

Top off your efforts with an air purifier, and start it a few hours before you go to bed. Note how many square feet your purifier is designed to handle, then buy the appropriate number of the right-sized models for your space.

**Let's talk about draperies.**

**GD:** A true oasis contains no drapes. It may have blinds if someone in the family is willing to damp dust frequently to keep them clean. This step may not be forever. Later when the patient is better he or she may tolerate cotton curtains - if they're washed frequently.

Drapes that require dry cleaning should not be used anywhere in the house, but especially not in bedroom. They outgas (and you would inhale) formaldehyde and other finishing chemicals - plus the chemicals used in the dry cleaning process. Also, they hold dust, dust mites and molds because they aren't cleaned often.

For the same reason never bring freshly dry cleaned clothing into a closet in your oasis. To reduce the problem, minimize such clothes in your wardrobe. After cleaning, remove the plastic bag at once and let the garment air on a porch or in front of an open window in a seldom-used room (door shut) - for several hours a day, for several days. But really sick EI patients can't tolerate even that. They have to live in washable cottons.

**Don't most people resist the idea of bare floors in their bedroom? A rug or carpeting seems to add such warmth**



and comfort to the room.

GD: Yes, they do. But I demonstrate their effects with a pulse test. When people actually understand that their room's soft touches are making them ill, well, it gets easier to do what needs to be done.

Offending room furnishings represent a chronic challenge to the immune system, keeping it constantly compromised. This is true even though you may use air purifiers, clean daily, etc. *So removing soft things from the bedroom and following through with proper cleaning and airing techniques probably constitutes the most significant single actions people can do to help themselves.*

If the patient is a child, the clean-up must include stuffed toys. These are not only a source of dust, mites and molds, but they outgas formaldehyde and other chemicals - flame retardate, scotch guard and various fabric finishes. And books in the bedroom (for either child or adult) spell trouble. Books harbor dust and molds, and should be kept in another room, preferably encased with glass doors.

Usually you can make a great difference in a child's health by removing all of the soft furnishings and stuffed toys. It's a step that doesn't cost anything, can't harm child - and has the potential for helping a lot. Parents may note improved sleeping habits *and a happier, more pleasant personality* in their child. They may notice fewer infections, sniffles and asthma attacks, too.

If a bathroom adjoins a bedroom, this requires special attention, too - especially if more than one person uses it, because then it almost never dries out completely.

**What do you recommend they do about an adjoining bathroom?**

GD: Concentrate on reducing moisture. Get rid of the plastic shower curtain - it holds moisture around the tiles and prevents circulation of air. Use a light weight cotton instead.

Then buy an inexpensive, free-standing rack so you can dry your wet linens over the bars of the rack - and place it out on a porch or deck to dry in the sun, or at least in circulating air. On rainy days place it in a large room (not the bathroom) by the heat.

This leaves the wet tile and shower curtain in the bathroom to deal with. I suggest a large-sized outside exhaust fan for each bathroom in the house, sometimes in conjunction with a small electric heater. The fan must be big enough to really move the air. Add a floor fan to aim toward the walls around the tub (and toward the wet shower curtain, as well). Leave both fans running an hour after the bath or as long as it takes to get everything in the bathroom totally dry.

You can shorten the time needed with the fans by using an extra bath towel to quickly wipe much of the moisture off the tiles or walls. Then add that wet towel to the others that are drying on the rack outside or in another room.

The combination of these actions seems very effective in curtailng bathroom molds. But I'd like to make two more

points. First, molds can occur in the same color as the tile - beige, yellow, greens, blues, any colour at all. So they're much more prevalent than the black spots most of us think of - and they're everywhere, just a part of our world.

Second, we must clean well - and frequently. Initially, I recommend wiping every surface in the house (including antique furniture!) with chlorine bleach solution. *(Editor's note: This may be very difficult to tolerate. Check with your medical advisor. Borax or Zephiran might be substituted instead).* The proportions necessary to completely eradicate mold are 1/3 bleach to 2/3 water. Do not rinse with clear water. Dry with a fan or open windows.

Many environmentally sensitive people react to chlorine fumes, so they need to find someone else to do this job for them. If that "someone" is in the family, fine. If not, it's important enough to hire someone else to come in and do those tasks that would actually make the allergic person worst.

Further, the person with allergies may need to get out of the house when the chlorine cleaning is being done. Instruct the helper to open windows for good circulation while working. It protects him as well as you. The fumes dissipate rapidly, so the allergic patient may be able to return in about 2-4 hours (or maybe 2 days if severely ill).

This kind of cleaning should be done more often in the bathrooms where mold thrives - about once every week or so. But for wiping down every stick of furniture, perhaps twice a year is enough. I tell people to wash their walls with the same solution a time or two a year - hiring someone to do it, of course. I also get help to scrub down my basement walls, floors and all the contents with the chlorine solution every year or two. So you see the job is never done. We have to keep after it.

**Describe your approach to the work place.**

GD: Are the stove, furnace, water heater and clothes dryer gas? Natural gas is the biggest source of pollution. When the switch is made to electric heat and appliances, don't allow the gas line to be capped in the basement. (Must be done outside).

I look under the kitchen sink for leaks and to see that the patient has discarded her household chemicals. I examine the cabinets and shelves. If they're still new enough to be outgassing (<10 years old), I suggest a sealer application that completely eliminates this potent source of formaldehyde.

Of course, the patient has to get out of the house when the sealer is applied (with windows open). She may need to stay with a friend for a few days. While they're at it, some people have their furniture, including antiques, sealed too. (I've had sealer applied to every piece of furniture I own).

**What kind of sealer do you recommend?**

GD: I use "ThoroSeal" (sold in hardware stores for masonry), but there are several effective seals available. When applied continuously, with no empty spaces and no overlap-

ping, it truly seals moisture out. Available as a clear liquid, I use it as someone else might use varnish. Sealers are also available as powder to make paste for waterproofing cellar walls.

The way to test tolerance for a sealer is to apply it to a small board, and keep that board with you for several days. Sleep with it under your pillow. Lay it right beside you while you work or read. If you notice no ill effects in 3-4 weeks, you've found the right sealer for you.

**You apply a masonry sealer to your good wood furniture and cabinets?**

**GD:** Yes. It doesn't hurt a bit! But if a patient is worried about her antique piano, for example, she'll feel better hiring a professional cabinet maker or wood finisher to do the job.

Formica is inert, and shouldn't be sealed. But, unless they're several years old, the particle board and adhesive under most formica counters are potent sources of formaldehyde. So you apply the sealer to any exposed edges of the particle board.

**Are you saying that an older home is safer than a new home?**

**GD:** Absolutely. No one with severe allergies should buy a brand new home, unless they build a custom-constructed one with special materials, glues, adhesives and sealers. Older homes have done their outgassing - problems are usually natural gas, sewer gas, chemicals, molds, mites - things we can combat.

**Do you have anything you want to add?**

**GD:** Yes, we need to finish the kitchen clean-up. The cookbooks and any bric-a-brac should go in the cabinets behind closed doors rather than sit out and collect dust. No curtains. No carpeting.

The best kitchen floor - I think - is properly sealed quarry tile. Asphalt and vinyl surfaces are usually too porous for any sealer to do a good job, so I can't recommend them. Polyurethane never finishes out-gassing, but it takes the sealer very well.

Never rush into buying new flooring. It's better to apply sealer to the old one at least until the family's health improves. New floors can be terrible because of the glues and adhesives needed. Further, you can test for a "safe" glue and have a floor installed using it only to start reacting to it in 3 weeks or three months. There is simply no guarantee.

Adequate kitchen venting is important - which usually means installing another exhaust fan (besides one by the stove). Also, plan any redecorating or remodeling for late spring when windows can be open a lot for the next 6 months. Run exhaust fans and floor fans during the project to turn the air over quickly, getting rid of toxic fumes.

The same principles we've been talking about apply to basements and attics. Check for leaks. Fix the roof or seal the

cellar. Pour bleach solution down cellar drains. Remember, molds need moisture to thrive. So when you eliminate that, you reduce their ability to flourish. Throw open the windows (Yes, in the basement! Yes, in the winter!) daily for at least 20 minutes. This gets fresh air, another enemy of molds, - blowing through.

Take care in hiring your helpers. They won't understand why such care must be taken to details, so you or a family member who understands the guidelines need to stay on the premises to supervise the project.

**On behalf of the readers who are saying, "Isn't this whole thing a bit much?", I have to ask if this kind of environmental clean-up is really worth the time - and especially the effort?**

**GD:** Results are amazing. I tell my clients the healing begins when the clean-up ends. If it's done faithfully, most patients begin noticing improvement within two weeks. They continue improving, and after 60 days most feel much, much better. By then the changes are marked, even dramatic! However, allergies are exquisitely individual. People who are under great physical, emotional or financial stress, typically respond more slowly.

A drastically reduced contamination load allows the immune system to start to heal. The improved immune function will show up in other ways, too - the family may all seem less vulnerable to whatever "bugs" are going around, they may find their food allergies or hayfever much less severe, and they may notice increased energy. Best of all, positive personality changes abound. When one of them experiences a reaction s/he finds the symptoms have become less severe.

I usually do another house call about this time - 60 days after the oasis and work area clean-up was completed. By then the patient is strong enough - and motivated because of their dramatic improvement - to tackle the attic, basement and other nooks and crannies that remain to be done.

A month or so after this second phase of the clean-up, some people notice that if they get lax about the details of cleaning they suffer little or no set-back. So they learn by themselves when their tolerance will allow them to ease off a bit, waiting an extra day or two before cleaning or washing something.

Even doctors who have EI themselves express surprise at the health benefits they can document after creating an oasis (cleaned daily) in their home and office, and after finishing the thorough environmental clean-up.



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## THE ANNUAL GENERAL MEETING OF THE ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION OF ONTARIO

April 21st, 1990

Central Presbyterian Church  
Queen's Square, Cambridge (Galt)

### **SPEAKER: DR. JUNE IRWIN, "PESTICIDES AND HUMAN RIGHTS"**

We are very pleased to be able to have Dr. Irwin as our guest speaker. Excerpts from a speech she recently gave have been included in this issue of *The Quarterly*. There will also be a "get acquainted" open house at the Cambridge office on the morning of April 21st, called "Branching Out '90". See the "Highlights From the Ontario Office" on page 5 for more details! One of the important items on the agenda of the meeting itself will be the election of new officers for our Board of Directors. The list below explains the status of the current Board.

Honourary Member of the Board:	Dr. John G. MacLennan, Medical Advisor
Those whose term expires in April 1991:	Ed Lowans - Member-at-Large Barbara Mowat - Member-at-Large Lynn Trainor - Member-at-Large Joanna Anderson - Hamilton/Burlington Rep Rob Phripp - Kitchener Rep Nora Schallhorn - Waterloo/Wellington Rep Dr. Kevin Hurson - Medical Advisor
Those whose term expires in April 1992	Eleanor Johnston - Toronto Rep Jim McCulloch - Ottawa Rep Linda Whitlock - London Rep
Those confirmed off the Board in 1990	Marg Lamothe - Toronto Rep Shirley Mertens - Member-at-Large Tony Keller - Member-at-Large Lynda Brooks - Ottawa Rep
Nominees for election to the Board on April 21st, 1990	James Kay - Member-at-Large Greg Allan - Member-at-Large Dr. Philip Bright - Medical Advisor

*We strongly encourage as many members as possible to attend the Annual General Meeting. If you are not able to do so, you may send along a proxy to vote for you. To appoint a proxy, complete the two proxy forms below, giving one to your proxy to bring to the meeting, and sending a copy to: 10 George St., N., Cambridge, Ontario N1S 2M7.*

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The undersigned, \_\_\_\_\_, a member in good standing with the Allergy and Environmental Health Association, hereby appoints \_\_\_\_\_ as proxy with power of substitution, to attend and vote for me at the Annual General Meeting on April 21st, 1990, or any adjournment thereof. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1990.

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The undersigned, \_\_\_\_\_, a member in good standing with the Allergy and Environmental Health Association, hereby appoints \_\_\_\_\_ as proxy with power of substitution, to attend and vote for me at the Annual General Meeting on April 21st, 1990, or any adjournment thereof. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1990.

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## MEMBERSHIP RENEWAL NOTICE

In order to standardize and facilitate membership renewal times, it was decided by your representatives at the 1989 Annual General Meeting to have all memberships come up for renewal in September. Members fees must be adjusted accordingly. The instructions below will show you just how to do that.

PLEASE NOTE: EVEN IF YOU HAVE RECENTLY RENEWED YOUR MEMBERSHIP, PLEASE TAKE THE TIME TO "CATCH UP" WITH THE MAIN ACCOUNTING PROCEDURES AT THE OFFICE. THANK YOU!

1. This issue of *The Quarterly* has your expiry date printed above your name on the address label. These dates are printed according to year/month of expiry. For example, if your membership dues expire in January 1990, the numbers will read 9001.
2. The table below will tell you what your fee will be in order to remain a paid member until Sept. 1990.
3. Find the date that matches the date on your label. The dollar figure across from the date is the amount that you owe.
4. Send a cheque or money order, payable to the Allergy and Environmental Health Association, to 10 George St., N., Cambridge, Ontario. N1S 2M7. A membership card will then be issued to you.
5. Your branch will receive their portion of your fee, once the main accounting has been completed.

8812	\$35.00	8907	\$25.00	9002	\$15.00	9009	\$0.00
8901	\$35.00	8908	\$25.00	9003	\$10.00		
8902	\$35.00	8909	\$20.00	9004	\$10.00		
8903	\$30.00	8910	\$20.00	9005	\$10.00		
8904	\$30.00	8911	\$20.00	9006	\$ 5.00		
8905	\$30.00	8912	\$15.00	9007	\$ 5.00		
8906	\$25.00	9001	\$15.00	9008	\$ 5.00		

**Your Branch:** You will also notice that your branch name has been listed beside the expiry date. If your branch is noted as "Ontario" or "national", it means that because of the distance involved you haven't been linked with a particular branch. However, the branches are listed on the back cover, and you are more than welcome to choose any branch affiliation that suits your needs. When you send in your membership fee to the Cambridge office, let us know of any changes or corrections and we will inform the branch.

**Your Address:** If you would like to make any changes to the information on your label, simply make a note of it on your renewal notice.

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### MEMBERSHIP APPLICATION (including subscription to *The Quarterly*)

PLEASE PRINT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Branch: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Please read the above chart to calculate the amount required for membership fees.

I have enclosed a cheque or money order for the pro-rated amount of \$ \_\_\_\_\_, payable to The Allergy and Environmental Health Association, to cover membership dues up to September of 1990. I have also indicated any desired changes on my label information. Also enclosed is a donation of \$ \_\_\_\_\_ (optional). Charitable donations are tax deductible.

## THE ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION

Do you recall the story of the coal miners and the canaries? Coal miners would descend into the unknown darkness of the mine with a canary as a monitor. If and when the canary faltered and died from exposure to lethal gas, the miners knew it was time to retreat and reassess the passage. The members of The Allergy and Environmental Health Association are part of a similar story in today's chemical society. Like the canaries, we're faltering.

We are living in a time when the use of chemicals pervades our food, air, and water. Many people have difficulty adapting to common exposures in everyday living. We are known as the environmentally sensitive. Exposures to chemicals found in our food, air and water may trigger chronic or acute reactions that last for days, or months, or years. Food additives, pesticide spray and cleaning products are a few things that can cause severe reactions in the health of the environmentally sensitive. Health problems known to have an environmental source include some respiratory ailments, stomach problems, headaches, and mood swings.

You might be affected too. Environmental sensitivities can affect anyone, at any time. You can help the thousands of environmentally sensitive, and in the process help yourself, by becoming more informed on the effects of environmental factors on human health.

### OTTAWA BRANCH

P.O. Box 11428, Station H  
Nepean, Ontario. K2H 7V1

### NEW BRUNSWICK BRANCH

P.O. Box 4073  
Dieppe, New Brunswick. E1A 6E7

### HALIFAX-DARTMOUTH BRANCH

P.O. Box 8212, Stn. A.  
Halifax, Nova Scotia. B3K 5L9

### HAMILTON-BURLINGTON BRANCH

356 Rankin Drive  
Burlington, Ontario. L7N 2B4

### KITCHENER BRANCH

11 Calais Place  
Kitchener, Ontario. N2M 5M1

### TORONTO BRANCH

P.O. Box 2311, Stn. C.  
Downsview, Ontario. M3N 2V8

### QUINTE BRANCH

P.O. Box 188  
Stirling, Ontario. K0K 3E0

### PRINCE EDWARD ISLAND BRANCH

P.O. Box 2656  
Sherwood, PEI. C1A 8C3

### LONDON BRANCH

1509 Rushland Avenue  
London, Ontario. N5V 1X6

### WATERLOO-WELLINGTON BRANCH

11 Drew Avenue  
Cambridge, Ontario. N1S 3R2

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If undelivered, please return to:  
The Allergy and Environmental Health Association  
10 George St., N., Cambridge, Ontario. N1S 2M7

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Johanne Falardeau	
6267 Castille Court	
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Canada	K1C 1X4